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ABSTRACT

This package is the ninth of twelve in the Skills for Adult Guidance Educators (SAGE) system, which provides instruction in a set of necessary competencies specifically designed for adult education counselors, teachers, and paraprofessionals. The materials provide a process for developing and implementing counseling and guidance programs unique to different target populations, program settings, and local conditions. Contents include six modules that pertain to two role statements. The role statements describe the trainee objectives to demonstrate (1) ability to manage learning activities for counselor aides (paraprofessionals) in adult counseling programs (3 modules) and (2) ability to develop a team approach with administrators, teachers, paraprofessionals, resource agencies, etc., in adult counseling and guidance programs (3 modules). Each module contains some or all of the following information: topic, learning objective, rationale, preassessment, learning activities, postassessment, and appended materials (supplemental activities, tape transcripts, and articles). (YLB)

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ED192139

SKILLS FOR ADULT GUIDANCE EDUCATORS.

Package 9

Using the Team Approach in Adult Counseling and Guidance Programs

Developed by

the

ADULT EDUCATION PROGRAM

of the

Northwest Regional Educational Laboratory
710 S. W. Second Avenue
Portland, Oregon 97204

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Introduction

The modules in this package address the dual responsibilities of paraprofessionals and of developing a team approach to adult counseling and guidance programs. The trainee should utilize staff personnel within a local educational setting for completion of the modules. It is recommended that close supervision with paraprofessionals be maintained in modules 16.1 through 16.3.

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Role Statement 16.0

Demonstrate ability to manage learning activities for counselor aides (paraprofessionals) in adult counseling programs

MODULE 16.1

TOPIC

Assist counselor aides to use leading questions when conducting an initial interview.

LEARNING OBJECTIVE

The trainee will conduct an initial interview with a prospective client demonstrating his skill in using three types of leading questions.

RATIONALE

In order for the paraprofessional to aid the counselor effectively, he/she must be able to conduct an initial interview with a prospective client. The paraprofessional must be able to demonstrate the skill of asking leading questions in order to obtain information needed by the counselor or agency.

For example, if the paraprofessional wanted to get information concerning the adult's job experience he/she may ask, "Tell me about some of the jobs you have held." When the adult says he was fired, the paraprofessional can ask, "How do you feel about losing your job?" The paraprofessional thus opens a channel of communication that would have been closed by such a question as "Are you presently employed?"

PREASSESSMENT

1. Leading questions are grouped into four main categories. Name (with one-hundred percent accuracy) the four categories and when they are most likely to be used during an interview.

   a. _____

   b. _____

   c. _____

   d. _____

2. After identifying the four categories of leading questions, read the following ten possible leads. Please identify which of the four categories each represents. The student must get eight out of ten (eighty percent) right in order to satisfy minimum requirements.

   ____a. Where would you like to start?

   ____b. How do you feel about it?

____c. If you had a free choice in the matter what would you do?

____d. What seems to be the trouble?

____e. Whare are you going to about it?

____f. What is good and what is bad about it?

____g. What are the chances of success?

____h. Why do you suppose you feel that way?

____i. What do you think about the idea?

____j. Why do you suppose people do things like this?

LEARNING ACTIVITIES

Learning Activity One

Read Appended Materials.

Learning Activity Two

In the following interview there are six lead questions. Decide if the lead is an (1) early lead, (2) exploratory lead, (3) integrative lead, or (4) action lead. You may refer back to the pamphlet if necessary. Either place your answers in the blanks at the end of the interview or place them on a separate sheet of paper.

Q. "Where would you like to start? #1

A. "I want to talk some more about the time the neighbor boy locked me in the closet."

Q. "Yes, I remember you mentioning it before. Can you tell me more about it?" #2

A. "Well, I remember I was very small and the boy shoved me in the closet and locked the door. He also had a toy gun and he said he was going to shoot me with it."

Q. "How about going into it a little further." #3

A. "I remember being really scared and screaming for my mother. She was in the other half of the duplex and came to get me."

Q. "How do you think this affected you?" #4

A. "I've never really liked guns. Could this be part of the reason why?"

Q. "Perhaps, are there any other angles you can think of?" #5

A. "Yes! I remember being afraid to go out and play when there were any boys around. Then one day my mother told me I was a pretty little girl and that the boys liked me. I went back out to play!"

Q. "How do you relate this to your other ideas we talked about last time?" #6

1._____ 2._____ 3._____

4._____ 5._____ 6._____

Learning Activity Three

When doing an initial interview you will be finding out information about an individual by asking leading questions about the areas of personal statistics, family and education, finances and employment, and special problems or needs. Write two leading questions for each of the four areas listed above that would help you to gain the information needed. You may choose them from the pamphlet, write your own, or combine pamphlet and own ideas. Example: (1) "Can you tell me more about the kinds of jobs you held after you dropped out of school?" (2) "What worries you most about your daughter's future marriage?"

Learning Activity Four

Conduct four initial interviews (friends or other students may be interviewed) on tape in which you will use three of the four leading question categories. You must get four specific pieces of information in each of the following areas: (1) personal statistics, (2) family and education, (3) finances and employment, and (4) special problems and needs. (See Appended Materials for specific data for each of these four areas.) Keep the best of the four taped interviews for the Postassessment.

Learning Activity Five

"I need to improve on . . . ." Be able to identify the leads and tell which type of lead it is as you replay the tape in front of your supervisor.

POSTASSESSMENT

Part A

The following are ten possible leading questions. Read each question and decide if it is (1) an early lead, (2) an exploratory lead, (3) an integrative lead, or (4) an action lead. The student must get eight out of ten (eighty percent) correct in order to satisfy minimum requirements.

____1. Where would you like to start?

____2. Why do you suppose people do things like that?

____3. How do you feel about it?

____4. What do you think about the idea?

____5. If you had a free choice in the matter what would you do?

____6. Why do you suppose you feel that way?

____7. What seems to be the trouble?

____8. What are the chances of success?

____9. What are you going to do about it?

____10. What is good and what is bad about it?

Part B

Take the best of the four mock interviews that you taped for Learning Activity Four and critique it answering the following questions:

1. Did I ask questions in three out of four lead categories?
2. Were the leads appropriate for the types of questions asked?
3. Did I gather a minimum of four pieces of specific information about the client in the following areas: personal statistics, family and education, finances and employment, and special problems or needs?
4. The best parts of the interview were . . .

APPENDED MATERIALS

INTRODUCTION: Identification of the Paraprofessional Counselor

Because we lack the necessary professional counselors to satisfy the demand in schools, colleges, universities, drug treatment centers, family planning centers, mental health clinics, etc., the paraprofessional counselor is becoming an integral part of the counseling system.

The paraprofessional counselor comes from any of a variety of backgrounds and educational levels. He or she may have a degree from a two-year college in psychology or guidance. The paraprofessional also may be a person with a four-year college degree who has received training in mental health skills.

The person who has less than a college education, but who possesses the personal abilities to relate to indigenous populations is increasingly being employed as a paraprofessional counselor. A recent trend has been to employ as aides older men and women with a wide range of backgrounds who are seeking second careers. The paraprofessional may be an undergraduate college student who is doing peer guidance work on a campus.

It is important for the paraprofessional counselor to be able to demonstrate competency in the six basic areas discussed in the paraprofessional counselor packages so that he may aid the counselor effectively and be of assistance to the adult who comes in for guidance. (Those six basic areas include: (1) administration of standardized tests, (2) scoring of standardized tests, (3) initial interviews, (4) act as a liaison for the adult and counselor, (5) act as a community resource person for the adult, and (6) maintain records for the counselor or agency.)

The student should note that his responsibility for other competencies such as crisis, non-depth or in-depth, counseling will vary with the specific counselor and agency by whom we will eventually be employed.

LEAD ON, O COUNSELOR

by

Delmont K. Byrn
Associate Professor of Education
University of Michigan

All counselors lead—extensively and continuously—whether they intend to or not. They do it in different ways and for different purposes, knowingly and unknowingly. And the counselors who insist they never lead probably do so more than others.

To some counselors, "leading" and "leads" are bad words. This is understandable in an era of contrived labels and devious bandwagons from which the counseling profession is just now emerging. Many newcomers are mislead. The real issue is not whether to lead, but how to lead well. It is a matter of knowing when to follow and when to lead.

This is not say that skillful leading is a substitute for basic compassion, or for striving for real understanding and communication. It is, rather, the means without which these main purposes of counseling cannot be accomplished at all.

By definition, counseling is a helping, sharing relationship in which two people contribute to a common effort: that of safely exploring ideas in a non-threatening atmosphere. While the ultimate goal is student self-help, there is need for considerable counselor help along the way—or no one would need counseling in the first place.

In this sharing relationship, which includes both content and method, there should be a real concern for who is in charge and where the interview is headed at any given time. This delicate balance is often lost in the shuffle of fact getting, test interpretation or problem solving.

Need for Skill

Counseling outcomes are determined not just by the needs of the student, the philosophy of the counselor and the ever-present chance factors, but by the counselor's skill in leading the student in developing his ideas and exploring them thoroughly. Leads range from silence to depth probing. Proficiency with many kinds of counseling leads will increase the counselor's help to the student who is wrestling with his plans and problems.

Leading is defined by some as "the extent to which the counselor takes responsibility for the content of the interview," and by others as "the extent to which the counselor is ahead or behind the student in his thinking."

It is not to be confused with the counselor-student "talk-ratio," which had little to do with responsibility taking at all. Neither should it be confused with other counseling techniques such as reflection of feeling or interpretation, which are mainly ways of processing ideas already presented by the student.

Leading is the elicitation of views that will help the student in the process of exploration and planning. It is inviting him to think about something without telling him what the possibilities are. It is encouraging him to formulate an idea without putting words into his mouth.

Every beginning counselor knows that the question calling for a "yes" or "no" answer generally is unproductive, whether asked in the classroom or the counseling office. He also knows that next to it in ineffectiveness, for purposes of learning or adjustment, is the question calling for a factual answer.

These two types of leads, widely used by school counselors in training and on the job, often signify that the counselor is seeking to satisfy his own curiosity or to come up with the right answer, rather than to help the student gain insight, perspective and growth—the real goals of counseling.

On the other hand, most counselors know that the "How do you feel about it?" type of lead is promising, especially in attitude-centered problems. However, they are likely to have only a few such leads as part of their working reportoire. When confronted with a challenging situation in the counseling practicum or in their own offices, they are likely to revert to the direct question with all of its limitations and dangers.

The alternative is to develop and practice using a wide array of counseling leads with which one is comfortable. The examples are endless.

Some Early Leads

The following leads are most likely to be helpful early in a given interview or during the get-acquainted, problem-identification phases of the relationship.

> Opening: (1) What would you like to talk about today? (2) What's on your mind? (3) Where would you like to start? (4) What have you been thinking about since we last talked?

Problem: (1) What seems to be the trouble? (2) What seems to be the main obstacle? (3) What worries you most about . . .? (4) What do you consider the most troublesome part?

Description: (1) What was it like? (2) Tell me about it. (3) What happened? (4) Can you describe it in your own words?

Background: (1) What led up to . . .? (2) What have you tried so far? (3) Can you remember how it happened? (4) Will you fill me in on the background?

Example: (1) Can you give me an example? (2) For instance? (3) Like what? (4) Will you give me an illustration?

Extension: (1) Can you tell me more about it? (2) Anything else? (3) What other ideas do you have about it? (4) Is there anything more you would like to discuss?

Exploratory Leads

A counselor might use leads like these throughout the counseling session as the student examines the many factes of his thoughts and feelings.

Appraisal: (1) How do you feel about? (2) How does it look to you? (3) What do you make of it all? (4) What do you think is best?

Exploration: (1) Let's explore some more. (2) Are there any other angles you can think of? (3) What were your reactions to these things? (4) How about going into that a little further?

Involvement: (1) What part did you play in this? (2) How involved are you in this? (3) How does this affect you? (4) How do you fit into this picture?

Reasons: (1) Why do you suppose you feel that way? (2) How do you account for this? (3) What reasons have you come up with? (4) What is the logical solution to this?

Clarification: (1) What of this doesn't make sense to you? (2) What seems to confuse you? (3) Can you explain what you mean by . . .? (4) In what way?

Hypothesizing: (1) Why do you suppose people do things like this? (2) How could a person handle a problem like this? (3) Why would anyone react that way? (4) If you had your choice, what would you do?

Integrative Leads

Students often can be helped to pull their ideas together into useful patterns with leads of the following types.

Integration: (1) How do you explain this to yourself? (2) What do you think is best? (3) How do you relate this to your other ideas? (4) How would you pull this all together?

Review: (1) If you had a free choice in the matter, what would you do? (2) If the same thing came up again, how would you act? (3) If you had it to do over again, how would you handle it? (4) How do you wish you had acted?

Evaluation: (1) How do you think about the idea? (2) What is good and what is bad about it? (3) According to your own standards, how does it look? (4) How would you evaluate all of this?

Alternatives: (1) What are the possibilities? (2) What if things don't work out that way? (3) What are the possible solutions? (4) What if you do and what if you don't?

Relation: (1) How does this fit in with your other plans? (2) How does this affect your work? (3) How does this stack up with your picture of yourself? (4) What is the relationship between these things?

Perspective: (1) What are your ultimate objectives? (2) What would you like to be doing five years from now? (3) What are the long-range prospects? (4) How does this relate to your other problems and successes?

Action Leads

These kinds of leads are likely to be most helpful in the final states of the interview or during the summary, action planning, and closing phases of the counseling sesstion.

Planning: (1) How do you suppose you could improve the situation? (2) What do you plan to do about it? (3) What could you do in a case like this? (4) What plans will you need to make?

Information: (1) What information do you need before you decide? (2) What do you know about it now? (3) How do you suppose you can find out more about it? (4) What kind of a picture do you have right now?

Implementation: (1) What will you have to do to accomplish it? (2) How will you tackle the job? (3) What will it take to qualify? (4) To get this done, what will you need to do?

Action: (1) What are you going to do about it? (2) Where do you go from here? (3) What are your next steps? (4) How do you plan to start?

Predictions: (1) How do you suppose it will all work out? (2) Where will this lead you in the end? (3) What if you do? (4) What are the chances of success?

Summary: (1) How would you summarize our visit? (2) How would you describe our discussion to someone else? (3) Can you review this for me? (4) What do you think this all amounts to?

Leads in Perspective

Leading is inevitable. It is one of the main realities of everyday counseling practice. Just as a teacher who used only a single method of instruction probably would be of limited effectiveness, so would a counseling who know how to ask only direct questions.

When a school counselor succeeds in saying "Tell me about it," "How do you feel about it?" and "How would you summarize this?" as often and as comfortably as he says "What courses are you taking?" "What did you do then?" and "Don't you think this is a good idea?"—then he is starting to make his counseling practice reflect his philosophy. Until then he probably remains a slave to some more easily acquired technique of expedience, developed in the classroom for purposes other than student planning and problem solving.

Knowing when and how to lead—and when not to—is a mark of an effective counselor.

Reprinted from May 1962 issue of The School Counselor.

MODULE 16.2

TOPIC

Assist counselor aides to understand and maintain client records.

LEARNING OBJECTIVE

The student will be able to identify specific pieces of information that are of importance in an adult file, accurately record that information and identify why those pieces of information are important, in the following categories: (1) ABE-GED educational center or community college, (2) service agencies, i.e., mental health clinic, legal aid office, drug treatment center, welfare agency, family planning center, etc.

RATIONALE

The paraprofessional's main objective is to be an integral part of the agency or institution and a specific aid to the counselor. Within this setting the paraprofessional will be receiving and recording information from adult clients that will be kept on file for the counselor and agency. Therefore, it is important that the paraprofessional be familiar with the types of information needed by the agency, how it is to be recorded and why that information is of importance to the agency or institution.

PREASSESSMENT

With a written statement please answer the following questions to the best of your ability. If, after taking the preassessment you do not feel competent in this learning package, please go on to Learning Activities. A minimum of eight out of ten (eighty percent) will satisfy this requirement. (Check learning activity one for more information.)

1. You are given three new folders to file at the family planning clinic where you work. The names on the folders are Jones, Jane; Thompson, Helen; and Anderson, Connie. How would you go about filing them and why?
2. You are asked to be certain and record the race of the clients at the learning center where you work. Under what other title besides "race" might you enter this information on the information sheet and why might this be important to your service agency?
3. You work at a drug treatment center and one of your duties is to keep statistics on how many people go through the drug treatment center, how many are repeaters and the length of

time each person is involved with the center. List one reason why this information would be important to the agency.

4. Often young students in an ABE class are paid by an organization such as the Neighborhood Youth Corps to attend classes. What would be one of the most important records (for the student) that you might maintain?

5. You are a paraprofessional counseling in a legal aid office. You are asked to get specific information concerning income, employment status and assets of a prospective client. Where would that information be recorded and why might it be needed by the office?

6. At the mental health clinic where you work, fees are on a "sliding scale." What information would you need to record about a client that would help determine what his sliding scale fee would be?

7. One of the record sheets you keep on a student in a GED testing center contains the student's GED scores and those tests that he has taken but not successfully passed. Why is it necessary for you to accurately keep both pieces of information?

8. When recording the level of a student at a community college, it is important to distinguish whether that person is ABE or GED. Why would this information be of importance to the supervisor of the program, the counselor in the learning program and the teacher in the classroom?

9. Most service agencies are required to keep vital statistics on those persons who come to them for help. Who do you feel would require compiling of such statistics?

LEARNING ACTIVITIES

Learning Activity One

Enclosed in the Appended Materials section are four actual records that are filled out and filed by institutions and agencies: (1) a community health system face sheet, (2) legal aid office intake form, (3) interview sheet for ABE students (the state requires this be filled out) and an (4) application form for taking GED tests. If, on the Preassessment, you missed more than one of the questions numbered 1, 3, 5, 6, and 9, you then should do the community health system face sheet and the legal aid office intake form. If, on the Preassessment, you missed more than one of the questions numbered 2, 4, 7, and 8, then do the ABE sheet and the GED application.

Read each interview sheet carefully, listing all those terms unfamiliar to you and then find out what they mean. You may use any source available to you, such as your library, to help you identify the terms or you may seek out similar agencies in your community that may be able to help you. (Before going out into the field, please read Learning Activity Two.) Record your answers either written or on tape for later use.

Learning Activity Two

Go to at least two service agencies and one learning center in your community. Ask them for samples of the types of information sheets they keep on their clients or students. Go through the sheets with a secretary or paraprofessional in the agency so that you are able to explain what types of informaion are asked for and why it is needed. Also locate their files and watch how the files are handled and by whom. Either write or record your findings for later use, making certain you have identified and could corectly record a minimum of four specific peices of information for every sample sheet.

POSTASSESSMENT

(1) Complete the Preassessment.

(2) Using the four interview sheets that are contained in this package along with the comments you made concerning the information you did not know, compile in writing a list of terms and their definitions. In order to satisfy competence in Learning Activity Two, you must have a definition for every term you did not know when you originally did Learning Activity One. For example, if you originally listed twelve terms that were unfamiliar to you from all four interview sheets, then you must have definitions for all twelve terms. (One hundred percent will satisfy this competence.)

(3) This section of the postassessment can be done orally in the presence of the supervisor or taped and sent to him along with a copy of the sample records. Discuss with your supervisor the experiences you had in the agencies you visited. Were you able to get sample record sheets and was someone willing to help you understand what information was wanted and why? Would you have been willing to help a student with the same assignment if you had been a paraprofessional in one of these agencies?

Take the record sheets and explain to your supervisor what information is required and why it is important to the agency or institution. A minimum of four pieces of information correctly recorded and identified from each of the same record sheets will constitute competence for this section.

APPENDED MATERIALS

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

(1)

COMMUNITY MENTAL HEALTH SYSTEM FACE SHEET

DSHS 4-72(IX) 9-73

(1) CENTER NUMBER | (2) TRANSACTION DATE MO. DAY YR. | (3) SOCIAL SECURITY NUMBER | (4) BIRTHDATE MO. DAY YR. | (5) SEX 1. ☐ MALE 2. ☐ FEMALE | (6) RESIDENCE COUNTY CITY CENSUS TRACT

(7) TRANSACTION (CHECK ONE)
1. ☐ INTAKE 2. ☐ CHANGE 3. ☐ CORRECT 4. ☐ DEL.

(8) TERMINATION (CHECK ONE)
1. ☐ SELF 2. ☐ THERAPIST 3. ☐ MUTUAL 4. ☐ UNKNOWN

(9) EDUCATION (NUMBER OF YEARS COMPLETED) ☐

(10) VOC/TECH TRAINING (NUMBER OF YEARS COMPLETED) ☐

(11) TITLE XIX 1. ☐ YES 2. ☐ NO.

(12) VETERAN 1. ☐ YES 2. ☐ NO

(13) THIRD PARTY PAYOR 1. ☐ YES 2. ☐ NO.

(14) GROSS MONTHLY INCOME (FROM ALL SOURCES)
$ _____

(15) SOURCE OF INCOME (CHECK ALL APPLICABLE)
1. ☐ JOBS 2. ☐ SOCIAL SECURITY 3. ☐ PUBLIC ASSISTANCE 4. ☐ RETIREMENT
5. ☐ UNEMPLOYMENT COMPENSATION 6. ☐ OTHER 7. ☐ NONE

(16) ETHNIC BACKGROUND (CHECK ONE)
1. ☐ CAUCASIAN 2. ☐ BLACK 3. ☐ AMERICAN INDIAN 4. ☐ MEXICAN 5. ☐ CHINESE
6. ☐ JAPANESE 7. ☐ FILIPINO 8. ☐ ORIENTAL 9. ☐ OTHER

(17) REFERRAL NUMBER

(18) MARITAL STATUS (CHECK ONE)
1. ☐ SINGLE 2. ☐ MARRIED 3. ☐ DIVORCED
4. ☐ SEPARATED 5. ☐ WIDOWED 6. ☐ OTHER

(19) NUMBER IN FAMILY ☐

(20) PROGRAM ASSIGNMENT ADD DEL. IN.
1. ☐ 2. ☐ 3. ☐ NO. ____

(21) CORRECTION BLOCKS

OLD SOCIAL SECURITY NUMBER

OLD DATE MO. DAY YR.

OLD CENTER NUMBER

(22) COMMENTS

NEXT OF KIN:

NAME

ADDRESS

THERAPIST

FEE:

REASON FOR VISIT:

(23) PREVIOUS MENTAL HEALTH SERVICE OR CASE DISPOSITION

(24) NAME | (25) ADDRESS | (26) PHONE (DO NOT CALL)
HOME ☐
WORK ☐

(2)

Name_____Address_____Age____Phone no_____

Spouse_____ _____ ____ _____

Prior Client ____yes ____no ____ Re-open ____New problem

DATE_____ ATTY/AID_____NO _____

INCOME
Monthly Income to Family Unit_____

	Amt. Per Month Gross	Net
Applicant	____	____
Spouse	____	____
Other	____	____

Marital Status
Single____
Married No. of times_____

Dependents:
Child under 18 _____
over____
adults___
Other___
Total___

Present Employment Status:

Separated_____
Divorced _____
Unmarried Couple _____
Widow _____

Total income this year (net)____Last Year____ Housing: Rental____Buying _____
Other_____
Monthly cost _____
Amount of time in present residence_____

Amount of time in State of Washington_____

ASSETS
Bank Account_____Checking Account _____Name of Landlord _____
Real Property: Total Value_____Equity_____
Bought or sold _____if yes, when_____ Value_____How disposed of?_____
Vehicles: Make_____Year_____Payments _____Amount owing _____
Make_____Year_____Payments _____Amount owing _____

Major Debts:

Public Assistance Information
____State
____Old Age
____Aid to Families/Dep. Child
____General
____Soc. Sec.
____Other

Employment Status Information
____Employed
____Unemployed (seek unemp.)
____Non-working Housewife
____Student
____Retiring
____Other

ACCEPTED:_____
NOT ACCEPTED:____REASON:_____
_____

REFERRED TO:_____PHONE:_____
ADDRESS:_____DATE: _____

Ever had Atty. before____ ____
_____yes____no

Referred by:_____
Name _____

DETAILS ABOUT CLIENT'S PROBLEM-

Check One
Sales contract_____
Garnish't & Att.____
Wage Claim ____
Bankruptcy ____
Other ____
Welfare ____
Soc. Sec. ____
Workman's Comp ____
Vets. Admin. ____
Unemploym't Ins. ____
Other ____
Priv. L/T ____
Housing Code Viol____
Other ____
Divorce / Anul ____
Separation ____
Nonsupport ____
Custody/G'Dnship ____
Paternity ____
Adoption ____
Other ____
Tort ____
Juvenile ____
School case ____
Misdemeanor ____
Other Criminal ____
Committ'l proced ____

Form No. P-173

(3)

CONTINUING SURVEY OF ENROLLEES IN ADULT BASIC EDUCATION PROGRAMS

TO THE INTERVIEWER—

The instructions on reverse side should be read and fixed well in mind before interviewing is begun. DO NOT leave any questions unmarked.

1. FIRST AND LAST NAME OF INTERVIEWER

IDENTIFICATION OF DISTRICT RESPONSIBLE FOR PROGRAM

2. DISTRICT NAME

3. IS THIS PROGRAM LOCATED IN A NON-SCHOOL INSTITUTION OR RESERVATION?
   1. ☐ Yes 2. ☐ No (If "Yes," complete item — Check one: a. ☐ Hospital b. ☐ Indian Reservation c. ☐ Jail d. ☐ Other .....

4. DATE OF INTERVIEW (use numbers)
   Month ☐☐ Day ☐☐ Year ☐☐

5. COURSE LEVEL IN WHICH STUDENT IS ENROLLED
   1. ☐ Grades 0-3 2. ☐ Grades 4-6 3. ☐ Grades 7-8
   4. ☐ Grades 9-12 5. ☐ English as a Second Language
   6. ☐ Naturalization 7. ☐ .....

IDENTIFICATION OF STUDENT (See Instruction)

6. FIRST NAME: | 7. MIDDLE INITIAL: | 8. LAST NAME:

9. NUMBER AND STREET:

10. CITY: | 11. COUNTY: | 12. STATE: | 13. ZIP CODE:

14. SOCIAL SECURITY NUMBER: ☐☐☐-☐☐-☐☐☐☐

15. DATE OF BIRTH: (See Instructions) Month ☐☐ Day ☐☐ Year ☐☐

16. SEX:
   1. ☐ Male
   2. ☐ Female

17. HOW DID STUDENT FIND OUT ABOUT THE PROGRAM? (Check main one)
   1. ☐ Church 2. ☐ Public agencies 3. ☐ Radio, Newspaper, or TV 4. ☐ Employer
   5. ☐ School recruiter or counselor 6. ☐ Other student 7. ☐ Friend 8. ☐ .....

EMPLOYMENT STATUS

18. CURRENT WORK STATUS (Check one)
   1. ☐ Employed full time (at least 32 hours per week)
   2. ☐ Public Assistance recipient
   3. ☐ Employed part-time
   4. ☐ Unemployed and looking
   5. ☐ Not seeking work:
      a. ☐ Keeping house
      b. ☐ Now in training
      c. ☐ .....

OCCUPATIONAL AND ETHNIC DATA

19. HOME LOCATION (See Instructions)
   1. ☐ Core Metropolitan 2. ☐ Other Urban 3. ☐ Rural Non-farm 4. ☐ Farm

20. IS STUDENT A MIGRANT WORKER?
   1. ☐ Yes 2. ☐ No

21. RACE (See Instructions)
   1. ☐ White 2. ☐ Black 3. ☐ American Indian
   4. ☐ Oriental 5. ☐ Other non-white
   (over)

27

22. ETHNIC GROUP

1. ☐ Cuban 2. ☐ Mexican-American 3. ☐ Puerto Rican 4. ☐ Other .....

23. HIGHEST GRADE COMPLETED IN SCHOOL PRIOR TO ENROLLMENT IN ADULT EDUCATION. (Check one)

a. ☐ 0; b. ☐ 1-3; c. ☐ 4-6; d. ☐ 7-8; e. ☐ 9-12; f. ☐ High school graduate

24. OTHER TRAINING PRIOR TO THIS ENROLLMENT:

1. ☐ Work experience program 2. ☐ Adult vocational training 3. ☐ Manpower Development and Training program
4. ☐ Military occupational training 5. ☐ Other occupational or formal on-the-job training 6. ☐ WIN
7. ☐ Literacy program 8. ☐ None 9. ☐ .....

25. **ACHIEVEMENT**

LEVEL AT START OF TRAINING:

Arithmetic .....
Reading .....
Language .....

END OF QUARTER OR TRAINING:

Arithmetic .....
Reading .....
Language .....

26. **SEPARATION—REASON**

1. ☐ Health 2. ☐ Transportation 3. ☐ Childcare 4. ☐ Family responsibility
5. ☐ Employment 6. ☐ Entry into a training program 7. ☐ Job change 8. ☐ Lack of interest
9. ☐ Other known reason: ..... 10. ☐ Moved to: .....
11. ☐ Unknown

27. **FOR THE FUTURE OF THIS STUDENT**

Recommendations:

28. REMARKS:

INSTRUCTIONS

INSTRUCTIONS TO LOCAL ADULT BASIC EDUCATION SUPERVISORS

A. Send completed forms to:

Elmer E. Clausen, Director of Adult Education
Superintendent of Public Instruction
Old Capitol Building
Olympia, Washington 98504

All forms should be inspected for completeness before being forwarded.

GENERAL INSTRUCTIONS

B. **Interviewer's Qualifications.** The interview preferably should be conducted by a teacher or other professional staff member. For month of interview in Item 4, enter the number of the month (e.g. 12 for December), rather than the month's name.

C. **Enrollees to be Interviewed.** Students to be interviewed are those enrolled for the **first time** in your federally financed adult program.

D. **Timing of Interview.** The student should be interviewed during or after the second week following his enrollment in the given course.

E. **Supplementing the Interview.** Information not easily obtainable during the interview should be sought soon thereafter and added to the form. **Every** question on the form should be answered with an appropriate entry or mark. If you feel sure that pressing a student to answer a question would adversely affect teacher-student relations, put a line through the question to show that you did not omit it unintentionally.

F. **Items Requiring Judgment.** Note that questions which may require estimating or judging are placed at the end of the form, in order to give the interviewer a better basis for decisions and more time for developing rapport with the student.

SPECIAL INSTRUCTIONS FOR SELECTED ITEMS

G. **Identification of Student.** If necessary to identify the student correctly, ask to see a paper or card containing his name and address. If none is available, approximate the spelling of student's name and address as closely as possible. If student is a member of a Spanish-speaking group (Mexican, Cuban, Puerto Rican, etc.), be sure to obtain and enter in Item 8 the **father's** (not mother's) last name. If social security number cannot be obtained, draw a line through the spaces for social security number.

H. **Date of Birth.** For Item 15, be sure to enter the student's **year of birth, estimating it if necessary.** In case the student does not know **his month of birth,** draw a line through the spaces for month and day. Here too, enter number of month and **not** name of month, e.g. "12" for December.

I. **Home Location.** For Item 33, check the alternative that best describes the type of area in which the student spent most of his life. "Core Metropolitan" refers to the relatively dense "core" districts of the large metropolitan areas. Other urban" refers to metropolitan fringe areas, to suburban areas, and to smaller cities. The other alternatives are self-explanatory.

J. **Race.** For Item 21, check the box indicating the student's race as his community probably considers him. This item should **NOT** be discussed with the student. Note that Mexican-Americans and Puerto Ricans are ordinarily considered white.

(4)

Fee Paid _____
Date

7-1-72

COMMUNITY COLLEGE

GED APPLICATION

( ) Miss
( ) Mrs.
( ) Mr. _____ Date: _____

Home Address: _____ Phone: _____

Results of Test to be sent to: _____

Test fee will be paid by: _____

Presently Employed: ( ) Yes ( ) No Occupation: _____

Social Security No. _____ Age: ___ Birth Date: _____
M D Y

Last School Grade Completed: _____ Year Completed: _____

Name of School: _____

Address of School: _____
City State

Military Service: Veteran ( ) Non-Veteran ( )

Service No. _____

Reasons for taking test:

( ) Further schooling beyond High School

( ) Seeking Employment

( ) Qualify for advancement in present job

( ) Other _____

(over)

Date of Test: _____ Test Series _____

Retested: Yes ( ) No ( ) Retest Series _____

Eligible for certificate: Yes ( ) No ( ) Date: _____

Subjects	RS	SS	%ile	Retest
No. 1 - English				
No. 2 - Soc. Study				
No. 3 - Science				
No. 4 - Lit. Mat.				
No. 5 - Math				
Average				

Comments: _____

_____

MODULE 16.3

TOPIC

Assist counselor aides to identify specific target populations.

LEARNING OBJECTIVE

The student will identify five major characteristics in selected adult target populations that the paraprofessional might aid.

RATIONALE

As the problems of everyday living multiply and increase in complexity, counseling of adults by adults has become a critical need for many people in our communities. If the adult decides to make a change in his/her life style (either vocational, educational, or social), he/she may experience varying degrees of anxiety, confusion, frustration and indecisiveness. During this period he/she may seek aid.

The paraprofessional will need to identify the characteristics and concerns of the adults with whom he will be counseling in order to understand and help his counselee in the most effective and efficient manner.

Five possible target populations with which he/she should be familiar are the alcoholic, the drug addict, the undereducated, the prisoner and the mental health clinic client, etc. The student should remember that some identifying characteristics may be found in more than one of the five target groups. A specific adult may also have characteristics that place him in more than one given target population.

PREASSESSMENT

On the left below are listed five target populations and on the right you are given a list of adult characteristics. With eighty percent accuracy match five characteristics with each target population. Remember that some of the characteristics pertain to more than one group. You are not limited to the number of times a particular characteristic can be used.

1. DRUG ADDICT	abusive money problems escape reality family problems
2. ALCOHOLIC	migratory unemployed low self-esteem comes from broken home
3. PRISONER	hedonistic lacks self-discipline high incidence of homosexual behavior
4. UNDEREDUCATED ADULT	desiring personal growth problems on the job poor interpersonal relationships fear of school
5. CLIENT IN MENTAL HEALTH CLINIC	in crisis situation insecure childhood

Drug Addict	Alcoholic	Prisoner
1_____	1_____	1_____
2_____	2_____	2_____
3_____	3_____	3_____
4_____	4_____	4_____
5_____	5_____	5_____

Undereducated Adult	Mental Health Clinic Client
1_____	1_____
2_____	2_____
3_____	3_____
4_____	4_____
5_____	5_____

If you missed more than one correct answer for any one target population, you should begin the learning activities. Do Learning Activity Three. Then do only those sections in #2 that apply to the sections you didn't pass on the Preassessment. Continue with Learning Activity Three.

LEARNING ACTIVITIES

The learner will do Learning Activity One, Learning Activity Two (only those sections where he/she missed more than one on the Preassessment) and Learning Activity Three.

Learning Activity One

Design a questionnaire that could be used in field work to identify the characteristics of the adult being interviewed. The questionnaire should be as inoffensive as possible and the student should be open with the adult about why he is being asked these questions. The student should consult any resources that he feels would be helpful to him in construction of his/her questionnaire.

Learning Activity Two

The student must complete those assignments that correlate with the sections he/she needs more work on as demonstrated by the Preassessment. He must also use the questionnaire he designed in Learning Activity One. A minimum of five persons must be interviewed in each group. Option: Questionnaires may be filled out anonymously whenever necessary.

a. Interview a group of alcoholics in a rehabilitation center, VA hospital, or through an Alcoholics Anonymous group. (An alternative would be to interview relatives of alcoholics through an Al-Anon group.)

b. Interview students in an ABE classroom at a learning center or community college.

c. Interview drug addicts at a drug treatment center or halfway house.

d. Interview adults in jail, reformatory, or prison.

e. Interview members of a group therapy session at a mental health clinic.

Learning Activity Three

After interviewing the different target populations, review the questionnaire and identify five major characteristics that members of each specific group have in common. (Alternative: If you were unable to interview a specific group, please go to your library and do a research paper on the characteristics of the given target population using any resources available.)

POSTASSESSMENT

Below are descriptions of five adults seeking counseling. By identifying their characteristics, match each case history to one of the following five target populations: alcoholic, drug addict, undereducated, prisoner, client at a mental health clinic. (Check one target population for each case history.) The student must identify four out of five case histories in order to fulfill the requirements of the learning objective.

a. Connie is in her mid-forties and the sole support of her four children. They have moved many times seeking odd jobs and are currently on welfare. Connie is seeking help from a counselor because she is having trouble with her 16-year-old son who wants to drop out of school and seek work. Connie expresses her own fear of school and says she was never very smart. She would like to see her children graduate from high school and have it better than she did.

b. Lillian, a pretty 30-year-old housewife, is from a white middle income area. She has come to a counselor tearful and depressed. She states that she decided to seek aid when she almost acted out her suicide fantasies. She says that she is fighting with her husband, yelling at the children and is withdrawing more and more from social activities. Her work in the YWCA no longer fulfills her and she feels generally useless. Lillian expresses a need for a change in her life and a desire for personal growth.

c. Jim is a 45-year-old laborer from San Francisco. He was recently fired from his construction job and has come to the employment office seeking aid. He looks physically ill. He explains that he needs another job right away because he is out of money and he can't make the child support payments to his ex-wife. When questioned as to why he repeatedly loses jobs, he becomes angry and abusive. He says construction bosses are lousy and fire a guy for anything they want.

d. John is a 16-year-old from a poor section of Chicago. He has had minor scrapes with the law. His parents separated five years ago and he lives with his mother and five brothers and sisters in a two-room apartment. He was kicked out of school last year. He is involved with a youth dropout program and talks with the counselor there. His attendance at the center is irregular, and when he is there he is either wound up or depressed. He often tries to borrow money.

e. Sam, a 25-year-old Black, has an appointment with his new counselor and is a half hour late. When he does arrive he acts disinterested in discussing his problems and keeps watching the clock. After a long silence the counselor tells Sam he can go. Sam shrugs his shoulders and ambles out of the office.

After he leaves, the counselor looks at Sam's record and finds the following factors: Sam comes from a broken home and has had two unsuccessful marriages. He has related past homosexual experiences to previous counselors. He never held a job any length of time. He demonstrates an unrealistically optimistic expectancy of the general population.

Role Statement 17.0

Demonstrate ability to develop a team approach with administrators, teacher, paraprofessionals, resource agencies, etc., in adult counseling and guidance programs

MODULE 17.1

TOPIC

State duties of administrator, teacher, and paraprofessional.

LEARNING OBJECTIVE

The trainee will be aware of the responsibilities of a paraprofessional, a teacher, an administrator and each resource agency in the community that may be involved with ABE students.

RATIONALE

To develop a team approach in adult counseling, the trainee should be aware of the responsibilities of each member of the team (Module 17.1). He should also be able to recognize students' needs for counseling (Module 17.2). Certain conditions should exist within an ABE program which facilitate a team approach (Module 17.3). Without these conditions, performing Modules 17.1 and 17.2 can be frustrating. Therefore, the three modules should be done in sequence. They have been developed primarily for paraprofessionals and beginning ABE teachers, and for an ABE program that is located in one facility with a team of staff members working together with all the students.

Each team member's abilities and resources can best be utilized only if each person working in an ABE program is aware of what others involved in the program can and should do. In team counseling these individual strengths become more apparent, promoting the most effective use of each team member. After completing the module the trainee should be more aware of his responsibilities as a team member. He should be aware of specific things he can do to prevent the need for professional counseling for students, and the help he can expect from others in meeting that goal. He will also be aware of the non-instructional time necessary for effective guidance in ABE.

PREASSESSMENT

The preassessment can be taken orally or in writing, according to the preference of your supervisor.

List responsibilities or duties that will help to develop a team approach to counseling. The list should include (1) fifteen duties of a paraprofessional, (2) ten additional duties of a teacher, and (3) ten responsibilities of an administrator.

List the human resource agencies in your community and describe to your supervisor's satisfaction the responsibility of each agency.

LEARNING ACTIVITIES

Learning Activity One

Read: Ulmer, Curtis. Teaching the Disadvantaged Adult: National Association for Public Continuing and Adult Education, 1970.

Learning Activity Two

Read Appended Materials.

Learning Activity Three

Arrange an ABE-agency meeting. Invite a representative from each service agency in your community to meet with ABE staff. As you invite them, tell them it will be a learning activity for them, too. Ask them to be prepared to state what services their agency provides to the community. When you meet, list the name of each agency on the blackboard. Number as you list them so participants won't have to copy agency names. List all important agencies whether represented or not. Tell participants to write, in one short sentence, what they think each agency does. Allow about ten minutes, then collect papers. Go through and tabulate, after each agency's name, what five or six people have written. Then ask the representative from that agency to tell what they really do. Proceed in this way through all the agencies.

Since agencies need to be aware of what ABE has to offer, the next part of your meeting will consist of ABE people telling agency representatives about their programs. Include registration and placement procedures, who can enroll, learning opportunities, exposure to other areas of learning, philosophy of ABE, etc.

If time is scarce, this activity can be combined with an extended brown bag lunch hour. It shouldn't take more than an hour and a half. If you, as a trainee, feel you lack the authority to invite agency representatives, you might ask your supervisor to sign the invitations. You could follow through with a phone call to each agency.

Learning Activity Four

Ask an experienced ABE teacher to show you how to initially interview and register a prospective ABE student. Administer whatever placement instrument is used in that program. Discuss goals with the student, and

construct a tentative starting curriculum with him. Be sure the student knows that his curriculum is flexible and ever changing, according to his needs. Make sure the curriculum guarantees involvement and immediate success for the student. Get your supervisor's approval before finalizing the starting curriculum.

POSTASSESSMENT

Complete preassessment.

APPENDED MATERIALS

DUTIES AND RESPONSIBILITIES

In any teaching situation the instructor tries to help in the development of the whole person, so how can you separate teaching from guidance and counseling? You cannot. They are too interdependent. This is especially true in an ABE program. A student can't learn if he has problems that impede learning, and when he doesn't learn in a learning situation, his self-concept goes down the drain. This seems an especially appropriate observation regarding ABE students. If it's difficult for a staff member to establish good communication with a student, he should let this be known to the team of workers so that another member can give it a try. There is no room on an ABE staff for a person who puts personal ambition or desire for credit above the needs of a student. He must be big enough to say to himself, "I'm not reaching this student: I'll ask _____ for help."

A team approach by an ABE staff can help alleviate the need for professional counseling. This requires much awareness and group interaction among the staff members about students. This in turn involves time, with pay, not only for regularly scheduled staff meetings, but time for informal exchange between staff members, between student and staff, and time for follow-up action on student problems. This can be done by teachers and paraprofessionals if they are allowed time for it, rather than being hired for instructional time only. If ABE staff members are not given the time they need to provide and develop team counseling, the student who has problems that impede learning is left with the choice of either dropping out of the program or seeing a professional counselor. The counselor must spend a lot of time getting information that the teacher and paraprofessional already have about the student. Costs of counseling must be considered also. Paraprofessionals and teachers work at a lower rate of pay than professional counselors. Therefore, it seems logical that the teacher and the paraprofessional should be paid for time to help students deal with all sorts of problems which don't really require professional counseling, but which, when dealt with, will help keep a student in the program. ABE students, because of feelings of inferiority and inadequacy, are sometimes very hesitant to see a professional counselor. These are reasons why the selection of paraprofessionals is so important. The selection should include the greatest possible variety of personalities and talents, and only those with a very intense, yet tempered-with-common-sense desire to help people. Each student in the program should be able to relate to and communicate with at least one staff member. When the majority of student problems can be dealt with within the ABE staff, student retention will improve and recruitment becomes largely unnecessary.

Since paraprofessionals often have more personal communication with students than anyone else, they often have much input into a team counseling situation. This serves to emphasize that paraprofessionals need to be chosen with utmost care and discrimination. It seems only natural that a logical source for paraprofessionals should be the GED program. The instructor can then observe any prospective candidate over a period of time, get to know his/her capabilities and personal qualities, and recommend the right person for hiring.

When an ABE program has an adequate staff, but lacks full support from administration, it still will not function to capacity. This support is reflected in adequate time with pay for staff members, detailed and accurate first-hand information about the program's functioning, and expressed positive feedback as well as fair and balanced criticism. This support directly affects the morale and confidence of the teaching staff, which in turn has its effect on the students.

The trainee should be aware of the team approach to counseling as an on-going process taking place in many different ways, sometimes formally and sometimes very informally. Team counseling can be an ABE worker interacting with individuals or agencies concerning a student. It can be an assembled group of people or agency representatives trying to work out a course of action with or for a student. It can be a student interacting with individuals or agencies to whom he/she has been referred. It can also be a chain reaction sort of thing. An ABE worker may contact a person or agency about a student problem. This contact may lead to another which in turn may lead to still another, etc. Or it could be a professional counselor meeting with students on a regular but voluntary basis, a sort of group therapy, where students play a part in helping each other.

What I'm saying mostly, so far, is that because teachers and paraprofessionals work closely with students, they make the best counselors, given time, except for the extreme problems which should be referred to the professional.

To really become internalized, the ideas in this module will take time and experience for most beginning ABE workers.

The Paraprofessional

Paraprofessionals are the backbone of an ABE program. They are often much closer to the students because they have more personal contact with them. Students frequently discuss their problems more freely with a paraprofessional because they are more at ease with a non-professional.

Here are some of the things that a paraprofessional (referred to as "he" in this section) can do (1) for the ABE program, and (2) to develop his skills and abilities:

1. He can pick up information about a student's basic needs, his personal life problems and his feelings about the program. The paraprofessional can get this information in class, over coffee at break time, or perhaps at a chance off-campus meeting in the grocery store--in other words, anytime that he has contact or communication with a student.

2. In the above situations the paraprofessional can also pick up on remarks that students make to each other, remarks that relate to any of the above needs. He must keep his senses alert at all times to clues to student problems and to student needs. These needs may be personal, physical, social, financial, or the need to adjust the student's curriculum.

3. He can pick up on student awareness of staff attitude toward a student. Sometimes ABE workers let adverse feelings show without realizing it, and student comments can make them aware of what they're doing. The paraprofessional is most likely to overhear such comments and should convey them to other staff members.

4. He can relate to some students that others cannot relate to. If he has been through an ABE program himself, he is often able to provide support at difficut or frustrating times by relating some of his own experiences in the same situation. Frequently, experiences they have in common with students lend them fine powers of understanding and empathy.

5. He can listen. Sometimes just verbalizing a problem to someone who is willing to lend an ear will help a student arrive at his own solution to his problem. It's one of the functions Grandma used to serve before rest homes became so popular.

6. If the paraprofessional has gone through the program, he can best help with student orientation into the program, thus adding to student security.

7. He can tactfully offer help to relieve physical needs of students who are hesitant to express those needs to anyone. Example: A student may have a constant severe head cold over a long period of time. The paraprofessional may suggest that this is why the student feels run down and tired "which would make me feel very irritable toward my family and keep me from doing my best in school." He could suggest a common remedy or even make a doctor appointment through an agency if the student is connected with an agency.

Another example: The paraprofessional may find that a young person with stained, dirty looking teeth never brushes them. "With such nice teeth what a beautiful smile you'd have with little effort and expense."

8. He can learn about all the agency services that are available in the community so he can refer students for help.

9. He can learn to recognize symptoms in students that call for counseling, and bring these symptoms to the attention of the team if he can't deal with them. (See Module 17.2)

10. He must recognize his own limitations in the counseling field so that he knows when to call for help.

11. He must develop a high degree of discretion and trust with each student that he works with.

12. He can encourage a student with sincere and honest praise when possible. If overdone, this can lose its effect. The satisfaction of advancement is enough for most adult students.

13. The paraprofessional can discover exposure areas that help students grow in unexpected ways. Example: Bill, a "retarded" student, took colored slides of a raft race down the rapids of a local river. There were some twenty-five entries and though the photography was somewhat amateurish, it was a delightful fifteen minute presentation, with Bill commentating. Bill had incidentally mentioned the slides to a paraprofessional who asked to see them. He then asked Bill to show them at staff meeting and finally to the class. What this did for Bill's self-confidence and pride was something else.

14. He should know his subject matter, but since ABE covers such a wide range, the ABE worker should never be afraid to say, "I don't know," or, "I'm sorry, I was wrong about that."

15. The art of loving is a necessary curriculum ingredient, and it's a two way street. Love, in this case, is based on genuine compassion, empathy and desire to be of service. It can be displayed often by little personal touches, gestures, or oral and facial expressions.

16. He can make phone calls or home visits to absentees.

17. If the paraprofessional has been a student himself, his arguments for staying in the program will perhaps be more convincing than the teacher's.

These contributions are very basic, but are critical to a good team approach to ABE counseling.

The Teacher

The teacher performs all the duties of the paraprofessional, but most perform a few extra ones.

1. The teacher can diagnose specific weaknesses and prescribe materials that: (1) fit the student's needs and interests, (2) are on the right level, and (3) are in correct sequence. Good organization and sequence insure continued success or reward which is necessary to learning.

2. He can connect the curriculum to the stated goals of the student. This involves having a wide range of interests and levels, and enough to cover most needs of students. Curriculum should be life centered; linked with each student's "life hooks"--his family, his work, his religion, his hobbies, etc. Curriculum is never a finished product, but an ever-changing process to fit the needs of the student. It should emphasize making a life, not just a living; not just how to make more money, but how to make the best use of what the student has or is able to earn. If a student disagrees about his curriculum, he should be allowed to reach his own decision. Only then can he be fully committed to the decision, and may later see the wisdom of the teacher or vice versa. Curriculum should open new vistas whereby a student will make new decisions concerning his life. Once he starts making decisions about which he feels good, he is on his way to becoming a decisive person, a liberally educated person.

3. He should be willing to develop special materials for special needs.

4. He can adapt his teaching approach to the student. If one method doesn't work, he should know how to try another. He must be flexible and open minded to suggestions from others.

5. He can see that the student enjoys immediate success upon entering the program. Materials should be structured so the student can get involved.

6. He can be the leading force in the group, but still be an equal to each member of the group as a human being.

7. He can organize the class so there is a sense of wholeness and a feeling of belonging, and still let learning be individualized and personalized.

8. He can provide for small group discussions within the ABE class to get students involved and interested in issues, local

or national, political, economic or cultural. The topics should be of wide variety and interest so that every student will feel compelled to volunteer for some discussions. This is a great way to learn about students and to get them to "open up," sometimes to relieve pent-up hositilities and to display inner feelings about self and others. Students should provide some of the topics.

9. He can be sure that evaluation is an on-going process. This means a folder or some sort of record keeping of student progress, a record that is readily accessible to student and teacher to be discussed together.

10. He can keep entrance testing to a minimum, and do more when the adult is more comfortable in the program.

11. The teacher can help the student set short term, realistic goals at first, and let them become long range as the student gains confidence.

12. He can hold instructional sessions for the staff to teach or reinforce subject matter areas that are weak.

13. He should make sure that attitudes and content are learned along with skills.

The Administrator

The administrator controls the success or failure of an ABE program. These are things he can do to insure success:

1. He can listen to the needs of the program from the people who are are working in the program.

2. He can trust the judgment of the ABE staff to recommend para-professionals for hiring.

3. Within his limits, the administrator can provide the best possible facilities and teaching materials to build student morale and to avoid or eliminate any feelings of inadequacy or inferiority to other classes on campus. If the program is operating at a community college it should be given the same priority as any other class, especially since it may be a great source of recruitment for the college.

4. He can provide good communication with the state director by making the staff aware of state and national trends and new developments in ABE.

5. He can serve as a catalyst between classified and teaching staff if needed.

6. He can provide good public relations by selling the program to civic organizations such as Lions Club, Rotary, School Boards, etc.

7. He can demonstrate a positive attitude toward the program which directly affects teaching morale, and this reflects in students.

8. He can be receptive to new ideas and willing to experiment in a field that is relatively new.

9. He can make sure that all staff is adequately prepared for confrontation with students. This training should include inservice time allotment to familiarize all workers with other staff members, with ABE materials (how to use them and what they do), and with pertinent student background information.

10. He can make sure that non-teaching time among the ABE staff is time profitably spent to benefit students, directly or indirectly.

11. He can familiarize himself with the details of the program's operation in order to offer constructive criticism as well as positive feedback.

MODULE 17.2

TOPIC

Communicate an awareness of client symptoms that reveal need for guidance or counseling services.

LEARNING OBJECTIVE

Trainee will recognize in ABE students twenty symptoms that indicate a need for guidance or counseling, three possible interpretations of each symptom, and the need(s) it may reveal.

RATIONALE

Students with unresolved personal problems generally do not learn efficiently. Therefore, personnel working with students should learn to recognize the need for guidance or counseling and when to enlist the help of appropriate persons or agencies. Helping to resolve a student's problems in this way will enhance the efficiency of learning and thereby help the student meet objectives.

PREASSESSMENT

List twenty symptoms or mannerisms of students that may appear in the classroom and that may indicate a need for guidance or counseling. Give three possible interpretations of each symptom and needs it may reveal. The list should include psychological, medical or behavioral symptoms, also symptoms pertaining to personal hygiene and appearance, interpersonal relationships, and non-verbal communication. This can be done orally or in writing according to the preference of your supervisor.

LEARNING ACTIVITIES

Learning Activity One

Read Appendix A.

Learning Activity Two

Read: Dreikurs, Rudolph M.D. Psychology in the Classroom: Harper and Row, 1968.

Learning Activity Three

Read: Mehrabian, Albert. Silent Messages: Wadsworth Publishing Co., Inc., 1971.

Learning Activity Four

Read Appended Materials (Appendix B).

Learning Activity Five

On a typical ABE class day, observe the students for at least two hours and look for symptoms listed in Appended Materials (Appendix A). Note names of students with symptoms and later check attendance records of students noted. Discuss your findings with the instructor of the class. How do your findings relate to counseling needs?

POSTASSESSMENT

Complete preassessment.

APPENDED MATERIALS

APPENDIX A

SYMPTOMS AND NEEDS

Needs are the mainspring of human behavior. As an adult educator the trainee should be aware of behavior that calls for help. He must be able to recognize symptons readily, and know that one symptom may point to several needs; also that one symptom can indicate different needs in different people. The only way a staff member can determine what the need really is, is to get to know the student. If a staff member notices a troubled student, and he makes sure it isn't anything about school that is bothering the student, he may suggest, "Let's go have a cup of coffee." It's surprising how many troubles pour out as a cup of coffee is being poured in. And sometimes that's all it takes, just someone to listen.

One paraprofessional was registering a boy brought in by a parole officer. The officer left, and halfway through the process she noticed the boy making fists in his pockets, extremely tense and nervous.

> "Do you smoke?" she asked.
>
> He nodded his head yes.
>
> "Well I don't, but I sure need a break. Why don't you go have a cigarette, and when you're through we'll finish this."

The boy relaxed and they were off to a good start. He's been asking her for help ever since.

Another example was a teenage girl who was very distraught. One day when the paraprofessional asked if she could help, the girl let loose with a tirade of very shocking statements against her grandparents with whom she lived. They were taking their granddaughter on a weekend trip that she didn't want to go on. After the paraprofessional calmly let the girl get the immediate venom released, they settled down to a coke and to some sensible conversation. The paraprofessional invited the teenager to tell her story of "unfair treatment" at a staff meeting the next day. In the meantime some background investigation was done. It seemed that the girl was resentful of authority and wanted to get out from under it. But she was afraid of the responsibility, mostly financial, that went along with the freedom. She responded favorably to the suggestion to work extra hard on math, in which she was quite low, so she could take her GED in another month when she turned eighteen. Then she could get a job and be independent. In the meantime she owed her grandparents due respect and tolerance because they were providing her with a good home, even though the grandfather

was completely disabled and the grandmother had to work. The staff disagreed with the grandmother's domineering attitude (she had been in the program and had received her GED the year before, so the staff knew her), but felt the generation gap was too great to change. They simply tried to get the girl to understand some of the reasons why it existed. Before this time the girl wanted to work on anything but math because it was her weakest, most difficult and least interesting subject. But when she realized that the staff knew she was unwilling to put forth effort to help her own situation, she settled down and finally let someone help her with math. This girl had been smouldering with resentment for some time. She had given clues to a home problem, but never a complete picture to any one person. She appeared to be under pressure, and only wanted to work in areas in which she was already proficient. She lacked a clear cut goal, was playing on different peoples' sympathy and meanwhile avoiding responsibility. If the problem is a serious or sensitive one, it's good to confer with other staff members for a consensus before taking action or giving advice. "Two (or more) heads are better than one" was never more applicable. If the staff had not been aware of the symptoms and been able to discuss them with each other, they would never have been able to put the bits and pieces together to get the whole picture. Nor would they have realized the student's manipulation of the staff.

Sometimes the most direct approach is the most effective, and in the long run, the kindest thing you can do for a student. For example, Jim is 35 years old, married, has two children. He was referred by DVR because of a back injury in a mill. Jim was alienating staff as well as fellow students by constant rude interruptions every time he wanted to say something, by calling attention to his disability either verbally or by exaggerated mannerisms, by sarcastic remarks about people or agencies, and by being very demanding. It got so bad that one of the really slow learners who had complete trust in the staff asked to come to a staff meeting because he had something important to tell them. This is what he said:

> "You guys are all against Jim. It shows in your faces the way you look at him, and the way you just ignore him sometimes. The rest of us see that. I never learned to read books, but I learned to read peoples' faces, and that's what I read in yours and I thought you should know."

A staff member called DVR and got lots of background information on Jim, including the fact that one doctor refused to see him again because of his demanding attitude. They decided the direct approach was best for Jim and it went something like this:

"Jim, I know this is going to hurt your feelings because it hurts me to tell you these things. But it's only because I care about you and what happens to you here at school and outside of school that I decided to talk to you. Do you know what you're doing that annoys and irritates others in class and the teachers, too?"

"No." On the surface he was completely unaware of and surprised at what he had been told.

"You have a lot of ability, Jim, a lot to offer, and since I often hear you criticize people, I'm sure you will be able to take some criticism. You certainly have your problems, but just about everyone in this class has problems, some of them much more serious than yours. But somehow, we each have to try to take our problems in stride, and 'dig in' to eliminate them rather than dwell on them and get others to feel sorry for us. You have been . . ."

Jim pouted for about two days with little or no verbalizing. Then he started snapping out of it. Because of his interest in CB radio, he and another student put on a demonstration for the class which draw favorable attention to Jim and also got him interested in a group of CBers who did rescue work in the area. We hoped this would divert his attention to others in need, and would relieve some of the hostility he felt toward agencies by getting involved in one. He brought his family to school at Christmas time, which helped because everyone reacted favorably toward his very attractive children and very nice wife.

Sometimes a student isn't even conscious of what he's doing, and the direct approach can make a world of difference in a very short time if it can be done without destroying the student-teacher relationship. It should never be done in anger.

Some social behavior needs to be taught to adults. They have simply never been taught or didn't get it first time around. After all, many adults are children grown tall, and are not conscious that their behavior is offensive to others.

A student must be accepted for what he is, and where he is in the program when he enters. Given time and patience, undesirable behavior and many problems will gradually disappear if other conditions are present; other conditions being a relevant curriculum, warm friendly acceptance, immediate success with ongoing achievement, and humanism. As a student gains confidence in himself with repeated success experiences, whether social or academic, his self-image improves, he begins to walk taller, care more about his personal appearance and become more friendly. Often little annoyances

disappear as self-realization begins to happen. If symptoms persist, then it's time to probe deeper and to involve some team discussion. Change comes slowly for some, more rapidly for others, depending on many things. If a student must be divested of old habits, skills, attitudes, or values, this takes time and patience. If his basic survival needs are not being met, he can't gain self-esteem. But if concern for each student's progress and welfare is present among the staff, then surely they can help the student take one step at a time to gain confidence, competence, independence, and finally self-actualization.

If an older student has been in the program for some time and suddenly realizes she CAN DO, she isn't stupid like she thought she was, it sometimes creates ambitions in her that cause conflicts in her home life. This is especially true of women. If the staff member can sense this he can either help the student clarify her needs in harmony with her family needs, or refer the student. This situation may call for family counseling.

An alert person, who can spot needs early in the game and deal with them promptly, can prevent dropouts and save human potential.

Symptoms and Needs

These are some of the symptoms that every ABE staff member should be on the lookout for. Under each symptom are listed possible interpretations of the symptom or needs that it may indicate or reveal.

1. Tension
    a. Lack of self-acceptance
    b. Fearful of school situation—may feel too old to learn or has memories of failure and punishment
    c. Curriculum doesn't fit student's needs
    d. Chronic anxiety
    e. Lack of understanding of what is expected
    f. Anger, hostility for reasons that need to be discussed
    g. Needs energy outlet
    h. Emotional discomfort or uneasiness

2. Shy, withdrawn
    a. May be quiet by nature and appear withdrawn
    b. Learned behavior
    c. Afraid of failure
    d. Needs to be appreciated
    e. Uncertainty of, or mistrust of surroundings
    f. Unaware of responsibility one has toward others

g. Psychological imbalances
h. Need for others to take initiative
i. Emotional problem

3. Loner, no friends

a. Poor social habits
b. Lacks maturity
c. Needs guidance in discovering how to be a friend
d. Independent, unique, fixed character unappreciated
e. Fear of rejection

4. Overaggressive

a. Compensation for fear
b. Inferior feelings
c. Lack of trust of acknowledgement
d. Angry with failure
e. Learned behavior, needs to be unlearned or replaced
f. High frustration level
g. Personality conflict
h. Personal problem

5. Overly dependent

a. Has experienced a lot of failure
b. Needs to identify strengths
c. No self-confidence
d. Dominated at home
e. Too impressionable, overly oriented to sense of self
f. Needs responsibility
g. Work too difficult
h. Never had a chance to produce independently
i. Is very slow and knows it

6. Restless

a. Umcomfortable in situation
b. Ill fitting clothes
c. Poor curriculum
d. Needs physical activity
e. Has personal or health problem
f. Insecure

7. Frightened, ready to run

a. Doesn't feel adequate for situation
b. Needs someone to say, "I care."
c. Full of false ideas about program

8. Extreme fluctuation in moods and perception

   a. Common in slow learners, erratic attention and retention
   b. Drug use or abuse
   c. Personal or health problem
   d. Need for self-awareness and understanding
   e. Mental resistance

9. Demanding

   a. Need for feeling of significance and personal worth
   b. Needs attention
   c. Learned behavior

10. Rude

   a. Learned from example at home
   b. Unawareness
   c. Defense mechanism
   d. Symbol of attitude, don't give a "damn" about anyone, based on unhappiness and lack of love
   e. Needs improved self-concept
   f. Needs attention
   g. Thoughtless, places self needs and wishes before others
   h. Immature understanding of needs of others, fails to see them as equals

11. Preoccupied

   a. Has unsatisfied need, which till satisfied, will not allow student to become involved in academic process
   b. Hungry
   c. Difficulty being understood
   d. More pressing problems or interests
   e. Needs to be alone
   f. Needs to talk to someone

12. Short attention span

   a. Not used to following directions
   b. Used to doing only what he wishes
   c. Work too easy, too difficult, not meaningful
   d. Wants attention
   e. Doesn't feel well
   f. Brain damage
   g. Needs physical activity, muscles are jumpy
   h. Hyperactive
   i. Needs to correct physical defect, hearing, eyesight, etc.
   j. Personal problem

13. Uncontrollable laughter or giddiness

    a. Drugs
    b. Some (especially young girls) are prone to such actions
    c. Cover up for real feelings
    d. Tension release
    e. Deep seated psychological difficulty
    f. Bid for attention
    g. Nervous

14. Wastes time

    a. Not trained in using time, needs structure
    b. Curriculum not connected to student's goals, or needs adjusting
    c. Goals too long range
    d. Needs positive reinforcement for constructive behavior
    e. Lacks motivation

15. Day dreaming

    a. Highly imaginative nature
    b. Spends too much time alone
    c. Lacks social life
    d. May be hallucinating or high on marijuana
    e. Sleepy
    f. Expression of suppressed fantasies
    g. Poor curriculum
    h. Frustrated
    i. Emotional problem
    j. Out of touch with reality

16. Poor attendance, tardy and leaves early

    a. Could be out of necessity
    b. Lack of commitment and self-motivation
    c. Compulsive pattern
    d. Unorganized
    e. Poor home schedule
    f. Curriculum not meaningful
    g. Needs to discuss whys of this behavior
    h. Feels compelled to do something he doesn't wish to do

17. Frequent frown of worried look

    a. Dissatisfied with curriculum, not relevant
    b. Needs encouragement
    c. Eye strain
    d. Personal or health problem
    e. Hungry
    f. Needs academic help

18. Lack of eye contact during conversation

    a. Inferiority complex
    b. Insecure
    c. Fear
    d. Lack of trust
    e. Deception
    f. Perhaps never knew good straight-forward communication
    g. Needs successes and encouragement
    h. Needs acceptance

19. Body English, slouching, shuffle walk, head down

    a. Poor self-concept
    b. Plain bad habit
    c. Shows how student feels inside
    d. Depressed
    e. Needs acceptance and encouragement

20. Hair over face

    a. Peer-group style
    b. Uses drugs
    c. Covering blemish
    d. Wishes to go unnoticed, to avoid contact

21. Dilated or pin-point pupils

    a. Drugs (extremely dilated, LSD. Pin-point, heroin)
    b. Needs medical evaluation
    c. May be neurological impairment

22. Use of Drugs

    a. For escape from reality
    b. Peer pressure
    c. Social relaxation
    d. Inquisitive about different effects
    e. Lacks self-discipline

23. Hyperactive

a. Brain damage
b. Lack of physical activity
c. Drugs
d. Improper diet, allergic reaction
e. Psychological imbalance
f. Needs professional evaluation
g. May need to move arouns as he works, or work on blackgoard instead of pencil and paper

24. Unclean and untidy

a. Ignorance, unawareness
b. Helpless, lack of facilities
c. Defiance, gesture of rebellion
d. Doesn't care, no one else does
e. Low self-esteem
f. Needs to learn implications for one's health and happiness
g. Needs recognition and attention
h. Depressed

25. Poor hygiene habits—body odor, bad breath, unsightly teeth

a. Unaware of problem
b. Never taught
c. Financial problem
d. Afraid of dentist
e. Needs information, and assurance that interest is constructive

26. Poor physical health—too thin, overweight, sick a lot, head-chest congestion, squinting, audible breathing, head frequently turned to one side

a. Needs financial help
b. Improper food, clothing or shelter
c. Overworked
d. Poor diet or poor eating habits
e. Needs glasses or hearing aid
f. Not enough sleep
g. Emotional problem
h. Needs medical check-up and emotional support

You can readily see that many of these overlap, and that a symptom can indicate one or more of several needs. If the symptom is temporary and the staff member is able to help the student deal with the problem at the time, that's great. Many times this can happen. For example:

Student: I don't want to do any math tonight.

Paraprofessional: OK, let's see what else we can do.

Student: Don't want to read anything either.

Paraprofessional: OK, you need help, don't you?

Student: Yes, things have been happening at home.

Paraprofessional: OK, let's take a tour.

Student: A tour of what, this room?

Paraprofessional: Oh, no, dear, a tour of this building. This is the Learning Resource Center and you won't believe all the things in this building that are for you.

Four students who overhead the conversation popped up to go on the tour. They went to the reading lab, the math lab, the study center, listening and viewing center, the audio-visual center, and finally to the fifth floor which houses the art department, home economics and forestry. The students were so excited that they've been coming half an hour early each time to get better acquainted with and involved in a different center each night. What a great paraprofessional to instantly recognize the need for a dramatic change to something entirely new and exciting, and to send four students home full of hope, stimulation, and exposure.

Students need exposure. They need to know that they can take other classes while getting their GED, and that in some areas successful completion of several college courses will count as a GED. They need to be aware of all the available help and learning possibilities in a Learning Resource Center. They need to be exposed to other departments on campus in which they may be interested. They need to know that aptitude tests are available to them.

All students have self-needs and these can't be met without interaction with others. He can't learn to be friendly without someone to be friendly with. So the ABE worker needs to encourage interaction, especially if the student is shy or a loner, to satisfy social needs that mirror self-satisfaction and acceptance. Then the road is open to self-realization.

Happiness goes with satisfied needs and every situation is an opportunity to satisfy needs. It's up to the ABE staff to provide the right kinds of situations (curriculum to fit each student, social acceptance, etc.) so that the action and involvement of the student leads to satisfaction of needs and to happiness. If they fail to do this, it's one more instance of self-doubt in the student's capacity to learn, to succeed.

If counseling is to assist a person in making decisions and adjusting to living the way it is, for each person, then counseling should go on, like learning, from cradle to grave because of life's processes are involved in decision making and adjustment to living. It seems, then, that the need for all ABE workers is to get involved as quickly as possible in the lower levels of counselor training. This should be provided as part of inservice training, and be an ongoing process. Innate ability and experience are invaluable in this field, but actual training along with the other should be the goal of every ABE worker.

APPENDIX B

DRUG INFORMATION

In this module you have been learning to identify symptoms for problems that can act as learning obstacles. Many of the problems covered are ones familiar to anyone in the human predicament called life. Family problems, financial worries, difficulties at work are common to us all. Other problems are ones for which we find ready sympathy. It is not difficult to feel warmth and understanding for a person whose low self-esteem, shyness or lack of confidence is the product of many years of rejection or programmed failure. There is one group of symptoms, however, those which point to drug use, which are likely to generate heated and non-accepting emotional responses. Drugs are not an emotionally neutral subject. Neither, of course, are poverty, failure, and personal pain, but the emotional involvement people feel with drugs tends to be fearful, anxiety ridden, or out and out hostile. Such responses are one of the major points at which communication between child and parent, youth and adult, student and teacher, break down. Consequently it is extremely difficult to talk about drugs. People often hear what they want to hear and tune out what they don't want to hear.

Preconceived ideas, value judgments, unconscious fears—all get in the way of an open and unbiased appraisal of the use of drugs. While listening to this tape it might be well to notice your own tensions and feelings. Make notes of any points where you feel strong objections, confusion, or curiosity. Carefully attend to those points when you sense yourself tuning out. There may be few subjects what would offer you as good or better a chance to test your capacity to listen openly and objectively, or to detect your own, perhaps unconscious, biases.

I do not have any special case to make for or against drugs. I think that both their use and their misuse can be discussed without becoming judgmental.

The use of drugs is a rightful concern of the teacher in three circumstances: (1) when the misuse of a drug creates a medical emergency in the classroom; (2) when the habitual use of a drug is associated with chronic absenteeism, motivational problems, or learning dysfunctions; or (3) when a person's performance on a test or in a particular class is obviously hampered or completely derailed because the student is high. In order to address these possibilities, we will have to ask some questions along the way. Why do people take drugs? What effects do drugs have on a person's ability to learn new skills and materials? What effects do drugs have on a person's ability to cope in a learning

situation that requires self-discipline and self-motivation? How should an instructor respond to the intuition or knowledge that a student uses drugs? Let's take up these questions one at a time.

Why do people take drugs? The most neutral statement that can be made in answer to this question is that people take drugs to alter consciousness. A drug is any chemical substance, that's not a food, which produces significant changes in nervous system functions. The use of drugs to alter consciousness is certainly nothing new in the history of man. In fact, according to Andrew Weil, author of the book The Natural Mind the "only people lacking a traditional intoxicant are the Eskimos who could not grow anything and had to wait for the white man to bring them alcohol." Weil goes on to state that many Americans seem to feel that the "contemporary drug scene is nothing new" but that all that is actually happening is that there is a change in drug preference. "There is no evidence," says Weil, "that a greater percentage of Americans are taking drugs, but only that younger Americans are coming to prefer illegal drugs like marijuana and hallucinogens to alcohol." But alcohol, by any definition, is a drug whose use is widely accepted, even encouraged, in many social situations. Often when we ask, "Why do people take drugs?" we are really asking, "Why do people take drugs which we disapprove of, or which we fear because we are unfamiliar with them?"

Andrew Weil, who has written by far the sanest, most responsible and helpful book on the subject, goes on to say:

> "Many theories have been put forward. People are taking drugs to escape, to rebel against parents and other authorities, in response to tensions over foreign wars or domestic crises, in imitation of their elders and so on and so on. Do doubt, these considerations do operate on some level, but they are totally inadequate to explain the universality of drug use by human beings. To come up with a valid explanation, we simply must suspend our value judgments about kinds of drugs and admit (however paintul it might be) that the glass of beer on a hot afternoon and the bottle of wine with a fine meal are no different in kind from the joint of marijuana or the snort of cocaine; nor is the evening devoted to cocktails essentially different from the day devoted to mescaline. All are examples of the same phenomenon: the use of chemical agents to induce alterations in consciousness."

The question is why do people wish to alter consciousness? Why do people wish to experience a non-ordinary sense of reality?

When the question is put this way it is easy to see that there may be both positive and negative reasons for taking drugs. Exploring

alternative ways of perceiving need not be negative. Nor is the wish to induce experiences which are not products of our conditioning, habits, or intellect. A temporary relief from ordinary consciousness and its perceptions of problems, difficulties, and obstances also is not really negative. Aldous Huxley's famous essay, Doors of Perception, contains the thesis that altered states of consciousness include the highest forms of human experience like those described by religious mystics. Huxley also writes:

> "That humanity at large will ever be able to dispense with Artificial Paradises seems very unlikely. Most men and women lead lives at the worst so painful, at the best so monotonous, poor and limited, that the urge to escape, the longing to transcent themselves if only for a few moments, is and has always been one of the principal appetites of the soul. Art and religion, carnivals, dancing, listening to oratory—all of these have served, in H. G. Well's phrase as 'Doors in the Wall.' And for private, for everyday use, there have always been chemical intoxicants."

We might say that the habitual substitution of a person's actual situation with a drug-induced high, might be a negative way to cope with troubling realities.

But there is another point, an interesting one, that deserves consideration. It may well be that the drive to temporarily alter consciousness is a natural drive that arises from the structure of the brain itself. We are all familiar with children's daydreaming, often a kind of light trance, or the universal playground game of spin where a child deliberately creates a state of dizziness and disorientation. This has led more than one researcher to suspect that the wish to alter awareness is a normal human drive, a drive which is itself driven underground by parental and social restrictions. If one can come to understand and accept this possibility much fear and anxiety about the subject can be relieved.

Actually, what is probably needed is more information about altered states of consciousness. What are they altered from, for instance? In Weil's words, ordinarily waking consciousness is normal only because it is statistically most frequent; there need not necessarily be the connotation of "good" "worthwhile" or "healthy" connected with the word "ordinary." Actually the major difference between ordinary consciousness and non-ordinary is that the non-ordinary is often an extension of the day dreaming state in which awareness is focused inward rather than outward. The results are often a sense of physical lightness, timelessness and the reliving of previously unconscious

memories. Many people experience the same things in that psychological space that divides waking from sleeping. Many highs, especially those associated with marijuana, encourage introspection and reverie. Another important characteristic of most non-ordinary states of awareness is a change in a person's sense of ego, the awareness of himself and a separate and distinct individual. For instance, when we catch ourselves day dreaming, it's as though we had gotten away from ourselves (notice how we express our awareness of it—we say "I caught myself"). It is as though we were lost to the dream. Our experience in movie theatres is not much different. We say that we "forget ourselves" for a while and the experience is a pleasant one—certainly not harmful. It is even suggested, by Weil for one, that the experience of altered states of consciousness have the "good" potential of helping a person in his psychic development and in helping him to attain certain kinds of thoughts and insights not accessible to ordinaryconsciousness.

For these and many other reasons which are clearly and neatly expressed in the book The Natural Mind I say again that the teacher need be concerned with a student's use of drugs in only three circumstances: when he is suffering from a medical emergency, when the use of drugs is part of a total syndrome which includes excessive absenteeism, motivational apathy, or learning dysfunctions, or when a student is temporarily unable to function in class because he is "high." In the first two situations drug use itself must been seen as a symptom of an underlying problem and not as the problem itself. The third situation, where a student and the structure of the classroom are temporarily incompatible, the teacher should interpret it as he would any temporary disruption of a student's learning behavior, like a headache, or excitement, or spring fever. That is, the teacher should interpret it tolerantly, non-judgmentally, and with good humor.

Well, that may be well and good, I can hear many a teacher say, but do drugs actually destroy brain cells, impair an individual's ability to learn and destroy discipline and motivation? Again, it is important to distinguish between drug use and drug abuse. A drug is being abused when its effects seriously threaten the health of the body or an individual's ability to test reality and cope flexibly and creatively with life problems. Abuse itself is a symptom of something that lies deeper which is really the root of the problem. Alienation from self, negative self-regard, neurotic needs and hungers, all could form part of the problem which expresses itself in drug abuse. Were a person brought to a more healthy and positive regard for himself and a more hopeful and positive perception of his situation, much of the impulse toward drug abuse would be resolved. Whether or not drugs actually damage nervous tissue and brain cells used for learning is a matter for clinical experiments. So far such experiments are thought to be inconclusive.

There is a substantial amount of evidence, however, that infrequent use, or experimentation, or even regular light use of drugs is not damaging in this way. Many Americans, such as diabetics, people with glandular problems, women using oral contraceptives, take drugs on a regular basis and their use is prescribed by the medical profession. Many of the substances used on the black market for highs are also sold across the counter at the prescription of doctors, psychologists and psychiatrists.

But the biggest point, when we are talking about the effects of drugs is to distinguish that there are a number of different kinds, and that their effects differ radically. Alcohol, for example, is classified as a "sedative-hypnotic," a group which includes the barbiturates and minor tranquilizers. Heroin is a narcotic, and like most narcotics, is derived from morphine, itself a part of opium. Both drugs are associated with stubborn forms of dependencies, partly because they have difficult withdrawal symptoms when dosages are denied the user. Both are associated with increased tolerance if regularly used. They are both depressants on the brain and spinal cord. They are also both associated with death from overdosage and the destruction of normal physical health. These classes of drugs are undoubtedly the most harmful in terms of maintaining normal physical functions and in terms of the chances of accidental death by overdose, or, in the case of alcohol and barbiturates, death from sudden withdrawal. Since good physical health is a definite boost to active and enthusiastic learning, it is safe to say that these classes of drugs are probably not a good accompaniment for learning. Then, too, there use is probably not common among a voluntary educational program such as Adult Basic Education.

If their habitual abuse is indicated, the student is almost assuredly suffering from a deep-rooted psychological imbalance. It is important in such a case to remember that one should not address symptoms but should go for the root problem below the symptoms. This, unfortunately, is difficult for any outside person to do and probably should not be undertaken by a non-professional. I suspect that even professionals are not of much help except as sounding boards or assistant reality testers for the person who has at last determined to undertake his own self-cure. I think it is especially apparent in cases of people who habitually abuse the so-called "hard drugs" that there are no changes except those willingly undertaken by the individual himself.

That does not mean that a teacher cannot offer the warmth, encouragement, support and positive feedback which any human being can extend to another and surely these offerings will have their effect. But it has been my experience that in the case of habitual, tenacious, abusive drug habits, the route to health lies within the individual and needs to

be undertaken by the individual. It is a lonely, frustrating, sometimes despairing journey through tangled patterns of hopes, fears, anxieties, defenses, alienation and self-destructiveness. The person must come to terms one by one with all those habits, biases, conditionings and perceptions which cause him to turn against himself and repeatedly deny his best potentials. It is a slow and begrudging road toward self-acceptance and gentle discipline in place of abuse, but once the first step is taken, the individual has begun on his way toward finding his center and his own healthy patterns. Others can help with positive feedback, acceptance, support, warmth and good faith, but the way back home is the lonely one each person walks for himself. In the jargon, what the teacher must do is "give enough slack."

Not all drugs have as serious physiological effects as alcohol, barbiturates and heroin, and not all of them are associated with such stubborn dependencies. Some drugs frequently used by young people are more accurately thought of as not-so-dangerous experimentation with altered states of consciousness. Marijuana and organic hallucinogens are drugs of this kind. That does not mean that they cannot be abused, but we should by now understand that abuse itself is a symptom. It is simply that marijuana and the hallucinogens tend to be abused far less frequently than narcotics and sedative-hypnotics.

The December, 1968 issue of Science magazine published the results of a series of laboratory experiments with marijuana done at Harvard University. The results are summarized as follows:

1. It is feasible and safe to study the effects of marijuana on human volunteers who smoke it in a laboratory
2. In a neutral setting persons who are naive to marijuana do not have strong subjective experiences after smoking low or high doses of the drug, and the effects they do report are not the same as those described by regular users of marijuana who take the drug in the same neutral setting
3. Marijuana-naive persons do demonstrate impaired performance on simple intellectual and psychomotor tests after smoking marijuana; the impairment is dose-related in some cases
4. Regular users of marijuana do get high after smoking marijuana in a neutral setting but do not show the same degree of impairment of performance on the test as do naive subjects. In some cases, their performance even appears to improve slightly after smoking marijuana
5. Marijuana increases heart rate moderately

6. No change in respiratory rate follows administration of marijuana by inhalation

7. No change in pupil size occurs in short-term exposure to marijuana

8. Marijuana administration causes dilation of conjunctival blood vessels

9. Marijuana treatment produces no change in blood-sugar level

10. In a neutral setting the physiological and psychological effects of a single, inhaled dose of marijuana appear to reach maximum intensity within one-half hour of inhalation, to be diminished after one hour, and to be completely dissipated by three hours

Marijuana produces very few objective physiological changes. The marijuana experience is short-lived and primarily subjective. Many first-time users are unable to completely deny that they experience any change in consciousness at all. The same claim could not be made about alcohol, however.

As far as drugs in general and the hallucinogens in particular are concerned there are three distinct types of psychological disasters that can befall a person. LSD and other hallucinogens have been faulted (with the exception of the contradictory claims about chromosome damage) for their psychological effects than their physical ones. Physically they can be compared to stimulants. The three psychological disasters are: (1) toxic psychosis—a condition which is temporary and which subsides when the chemical leaves the body, (2) panic reaction, which accounts for nearly all "bad trips." The panic reaction seems to have less to do with pharmacology than it does with a person's anxiety and the extent to which he can make his anxiety contagious to those around him. It is like people in a building that catches on fire. If calm and order can be maintained, a complete and safe evacuation is possible. But, if one person panics and triggers that same response in others then there is a stampede with people getting trampled. Confronted with a calm, supportive, non-panicked guide, the drug-panicked person can be calmed. It is not only drugs which trigger a panic reaction—anything that's new can. People are variously susceptible to panic, too. Panic-prone individuals can prevent episodes simply by admitting to themselves and others the anxiety they feel instead of suppressing it.

The third type of psychological disaster is the development of a true psychosis, a person loses his ability to what is objectively real from what isn't on a permanent basis. It is a risk. But drugs are not the

the only agents known to trigger psychosis. College, for example, has been known to do the same thing. Andrew Weil states that, "the percentage of users who become negatively psychotic in connection with chemical highs is small—certainly no larger than the percentage of persons who become psychotic in connection with college. Ano for most young people today, the potential positive consequences of consciousness alteration outweigh this small but real risk."

I would think that the kind of clinical evidence gathered about drugs and briefly surveyed for you would demonstrate that use of drugs does not necessarily constitute a problem for the user—not in his overall ability to cope or to learn. There have been no substantial findings that prolonged light use of drugs—not their abuse—impair an individual's ability to function psychologically or physically except a very small percent of the time.

This brings us to our third and final question. How should a teacher respond to the intuition or knowledge that a student uses drugs?

The same way you would respond to any personal information about another human. With tact, genuine interest and honesty. If you think a student is using drugs frequently and that it is important to talk about it, or if you think a student is high when you are talking to him, go ahead and ask. Ask in a straightforward and good-humored way. The phrase is be "up front." It is especially important with this subject to learn to be non-judgmental. Otherwise many excellent opportunities for open, frank discussion about what are often fascinating and enlightening personal experiences are closed. The student simply won't share his experiences with you, and it's your loss. The subject of consciousness and the potentials and variety of the experiences of the human mind is an enormously interesting subject. Frequently people who have experimented with drugs have far more knowledge and perceptivity on the subject than their teachers.

Abusers, on the other hand, need their teachers to give them encouragement and support as people. They need to be given enough psychological room for them to take the initiative and responsibility for their own changes and growth.

In the rare case of a medical emergency, it will be obvious enough that professional help should be called—a drug clinic if one is available—if not, a first aid person and an ambulance. This need not include calling the police.

In the case of panic reaction, a cool, calm non-fearful response is required and possibly a good bit of soothing and comforting. Again, professional help, in the form of drug clinics, might be called. Medical emergencies, however, seem to me not really a frequent enough event to warrant a teacher's being overly concerned except to be aware of the possibility and knowing the appropriate response, in much the same way as we learn a little first aid or life saving in case of an emergency.

Many of the observations in this section can be found in the book The Natural Mind. It was an enormous relief for me to read Dr. Weil's book and find many of my already-held beliefs and attitudes so clearly and responsibly presented. Dr. Weil's credentials as a medical doctor from Harvard and a published drug researcher added to my relief and my confidence in passing these remarks along. If you are interested in pursuing the subject of drugs and consciousness I would recommend this book highly. Also Aldous Huxley's Doors of Perception and works by Alan Watts.

These men conclude that while drugs often provide interesting insights into one's self and the nature of consciousness, the really fascinating journey begins when you recognize that drugs don't make a person high—it is the human mind that makes itself high. Yogis, mystics, monks, poets, artists, musicians, true philanthropists—high-minded people throughout time have demonstrated the spiritual capacity of man to transcend negative realities and to behave with dignity, gentleness, humility, generosity, nobility, and playfulness—all behaviors of the truly high-minded. These behaviors are expressions of a human being, not a drug. As Weil says, "I have known many people who have gone from drugs to meditation. I have never known anyone who has gone from meditation to drugs."

It has always seemed to me that Adult Basic Education is a very special kind of educational environment. As teachers we have a chance to work with the whole person—to understand that the acquisition of basic skills and the whole process of human psychological growth and self-realization are intimately bound together. In Abraham Maslow's discussion of human needs, he points out that the satisfaction of some needs must occur before growth into the expression of other potentials and needs can occur. That is, food, shelter, and security are the most basic needs and they must be met before it is really possible for the person to concern himself with his need for positive support and feedback about his worth from those around him. And this need for psychological warmth and support expresses itself first within a circle of intimates and later with the world at large. Maslow refers to this as the need for love, and says that it must find satisfaction before the healthy expression

of a higher human need, the need to actualize oneself, can find free expression. Self-realization is called a "higher" need because these other, more basic needs, must be satisfied first in the healthy unfolding of human potential.

I suspect that the intellect unfolds in much the same systematic way. The development of some intellectual skills paves the way for the development of other, more complex and abstract skills, and that this intellectual unfolding is one important aspect of the process of self-actualization; in fact that the ability to self-actualize is inseparable from the skill of abstract thought and the ability to generalize. That is, we are teaching basic skills not only to help a person improve his chances for a better position in the world, but also because it is an essential exercise for the growth of a human being realizing the best of his potential.

For the student, ABE is one of the few places where he can go back and recover some lost ground, and where he is encouraged to do this as independently as possible. It is the place where he can stop and turn back—an act that takes a lot of courage—and begin anew. It is truly a renewal opportunity. Either that or it is a chance for those young people who cannot fit themselves into the structure of the public school system to continue to develop their skills and growth. Either way the student is encouraged to undertake his development on his own. He makes the decision to do so on his own. And when he finds himself in an ABE program he is met as an individual with individual needs. This is part of my most basic philosophy about teaching in ABE and I feel that attitudes about drugs need to fit within this framework.

The use of drugs need not be thought of as special, bizarre, or anxiety-provoking. It is merely another part of the student's behavior, like any of the other things he feels or does. It may not even be negative. But, negative or positive, a student's use of drugs should be encountered by the teacher with the same good humor, tolerance, acceptance and respect given by any person who is trying to provide positive support for another's growth. Everyone's path toward his truest, fullest and most positive expression of self, deserves regard and open-minded support. The teacher can also withhold support in a non-repressive way from behavior which he feels is harmful to the student, if he gives the student enough psychological room to take responsibility for himself. Non-support must be gentle and non-coercive just as it is when used as a teaching technique. I would fit my attitudes about drug use and my philosophy as an ABE teacher together in this way:

I am I
You are you
I am not in this world to live up to your expectations, nor are you here to live up to mine, but if we come together for a time it is beautiful.

MODULE 17.3

TOPIC

State principles on which to develop a team approach.

LEARNING OBJECTIVE

The trainee will be aware of basic conditions in an ABE program that insure the feasibility of a team approach to adult counseling, utilizing paraprofessionals, teachers, administrators, resource agencies, etc.

RATIONALE

The team approach to counseling can and will work. But if any one of the basic elements is missing, the team approach cannot function to its fullest extent. Emphasis here is on the team approach to adult guidance. After competence in the module has been reached, the trainee should be able to work toward developing a team approach to adult counseling, utilizing all the personpower that is involved in developing ABE students.

PREASSESSMENT

State at least seven basic conditions that must exist in an ABE program in order to successfully develop a team approach to adult counseling, utilizing paraprogessionals, teachers, administrators, resource agencies, etc. Discuss the importance of each condition with your supervisor. Do this orally or in writing according to the preference of your supervisor.

LEARNING ACTIVITIES

Learning Activity One

Read the Appended Materials.

Learning Activity Two

Make an appointment with a paraprofessional, a teacher, and an administrator who has had a year of ABE experience, preferably more, to talk about counseling in an ABE program. Give them a copy of Appended Materials ahead of time and tell them you would like to discuss the eight points with them. Ask them what they have been able to contribute to a team approach to counseling in the ABE program in which they have been involved. What have they done to help the adults in the ABE program in which they have been involved? Record their responses and discuss them with your supervisor.

Learning Activity Three

With an ABE staff, follow a team approach to counseling an ABE student who has rather serious problems, but not serious enough to be referred to a professional counselor. Record your observations of what each team member contributes to the counseling. Also, note your criticisms, your questions, and your suggestions. Discuss these with your supervisor.

POSTASSESSMENT

Complete the Preassessment.

APPENDED MATERIALS

BASIC INGREDIENTS

When people work with adults in the search for meaning and direction in their lives, they are giving guidance and counsel. If paraprofessionals, teachers, administrators, and caseworkers put their heads together to help students deal with life's adjustments and decisions, or refer them to the professional counselor when they are not able to do this, then they are working in adult guidance and counseling. If they build meaningful curriculum with students, help them improve or build good personal relationships in ABE, or suggest and encourage a developmental program, vocational or otherwise, as they leave ABE, then they are working in adult guidance and counseling. They are counselors by default.

A professional counselor has advanced training and experience to deal with problems with which the average ABE staff member cannot cope. And so counseling is one aspect of adult guidance, strictly speaking. If professional counselors could be enlisted to help train ABE workers, it would promote more effective use of our available manpower in dealing with adult problems. If we combine the skill and knowledge of caseworkers who are more informed about physical and economic difficulties, ABE staff members who are more informed about new and successful developments in the educational field, and the expertise of trained counselors when necessary, we should be better able to retain students in our ABE programs until they have reached their goals.

The basic goal of a team approach should be prevention. If a student is made to feel welcome and comfortable in the program, has a personalized and individualized curriculum just right for him according to his level, goals and interests; if he can trust and relate well to at least one staff member with whom he can share his problems and his successes, then he probably won't need further guidance or counseling. If the student competes only with himself, is involved in decision making and operates on a voluntary basis with encouragement but no coercion, then for this student there is a positive attraction in the program. Absence of negative factors is not enough to hold or satisfy an ABE student. Paraprofessionals, teachers, and administrators must work together to set up an ABE program that will prevent the need for professional counseling. To make prevention possible, the next eight elements should be present.

1. There must be inservice time and training, with pay, for the staff to: (a) become familiar with all materials used in the program and to know what each will do for a student and at what level, and (b) time to interact with other staff members so each one knows the others' interests, talents and abilities.

2. Each ABE staff member must know the agency services that are available in his community so that if student needs cannot be met within the program, he can refer the student to the proper place for help. This works both ways. The agencies should know what ABE can and does do for students.

3. Each staff member must be able to recognize symptoms that indicate counseling and guidance needs, and must know possible interpretations of each symptom and the needs the symptom may reveal. (See Module 17.2)

4. There must be regularly scheduled time allowed for the staff to communicate among themselves about students with needs, to communicate with agencies, and for positive follow-up action to deal with students' problems. This may necessitate convincing administration that the extra non-teaching time, with pay, is a good investment in human welfare and for retention of students. A ratio of one hour of staff meeting to four student contact hours is not unreasonable.

5. Within the program there needs to be ongoing training of staff in counseling and guidance, and in any academic area where it is needed. Professional counselors could help with simple counseling techniques, and usually staff can help each other in the academic areas.

6. The ABE staff needs to be comprised of people with a wide variety of interests, competencies, and personalities. They all need to relate well to people and have a genuine, unselfish desire to serve their fellow man.

7. For economic reasons and for empathic reasons, a staff should include an abudance of paraprofessionals, often chosen from the program by the teaching staff, in order to have a good student-teacher ratio.

8. The staff must be able to recognize limitations of the team, and the need for a professional counselor.